

 Change Document (effective date) _____

Taxpayer name		Revenue Account Number	
Tax type - Enter the tax type name and the corresponding 5-digit NACHA Code from the instructions. <div style="border-bottom: 1px solid black; width: 200px; display: inline-block;"></div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>		Federal Identification Number (if applicable)	
A separate authorization is required for each tax type.			
Payment by EFT for this tax type is: If voluntary: Requested effective tax period _____ <input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary <div style="text-align: right;">Anticipated date of first transmission _____</div> <div style="text-align: right;"><i>(See restrictions in instructions.)</i></div>			
Contact person	Telephone	Contact person	Telephone
Mailing address for EFT purposes (street address, box number)			
Mailing address (city, state, ZIP)			

I hereby authorize the Louisiana Department of Revenue to present debit entries into the bank account and the depository named below. The individual debit transactions will be presented only after having been expressly authorized and initiated by the taxpayer. These debits will pertain only to Electronic Funds Transfer payments that the taxpayer has initiated for payment of Louisiana taxes.

Signature					Title					Date			
Bank name					Branch								
Bank contact person							Telephone						
Bank account number					Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings								
Transit and routing number							—					Name on bank account	

ACH Credit with Addenda

IV Other Immediately Investible Funds

Mail Application to:
Louisiana Department of Revenue
EFT Processing
P.O. Box 4018
Baton Rouge, LA 70821-4018

For office use only.	
Effective tax period	Initials

9800